



June 15, 2011  
Request for Proposals for  
Occupational Health Services

**RFP#11.132**

Dear Proposer:

The City of Savannah is now accepting proposals for **Occupational Health Services** to be used by the **Human Resources Department**.

Instructions for preparation and submission of a proposal are contained in this package.

A **pre-proposal conference** has been scheduled for **10:30 a.m.** on **Tuesday, June 28, 2011** in the Office of the Purchasing Director, third floor of City Hall.

All proposals for the above will be received in the Office of the City Purchasing Director, Third Floor, City Hall, 2 E. Bay St, Savannah, Georgia 31401 for hand or express delivery; for standard mailed documents send to PO Box 1027, Savannah, Georgia 31402 up to **1:30 p.m.** on **Tuesday, July 12, 2011**, at which time, bids will be opened and publicly read. Proposals not received in the Purchasing Office by the time and date specified will not be considered. It is the bidder's responsibility to insure that the bid is delivered to the Purchasing Office prior to the deadline for bids. It is not enough for the bid to be delivered to the Post Office Box. While the City generally collects mail from the post office box once daily, a bidder submitting to the PO Box does so at this own risk.

The names of the respondents will be read at the public bid opening shortly thereafter.

Thank you for your interest in doing business with the City of Savannah.

Sincerely,

Joy M. Kerkhoff  
Acting Purchasing Director

Buyer

## SECTION I

### INFORMATION & INSTRUCTIONS

#### 1.0 Submission Requirements:

1.1 The complete original proposal must be submitted in a sealed package and received in accordance with the instructions detailed in the cover letter. All proposals shall be marked **Occupational Health Services, RFP #11.132**. Proposers shall file all documents necessary to support their proposal and include them with their proposal. Proposers shall be responsible for the actual delivery of proposals during business hours to the address indicated in the cover letter. It shall not be sufficient to show that the proposal was mailed in time to be received before scheduled closing time.

1.2 **Proposal Format:** Proposals shall be submitted in the following format and include the following information.

- a) Detailed description of professional medical services as described in Section 2
- b) Fee Proposals per instructions in Section III signed by responsible party
- c) Contact names of current users with phone numbers requested in Section 2.
- d) Proposed Schedule of Minority and Women owned Business Participation and Non-Discrimination Statement.
- e) Contractor affidavit and agreement And Savannah Benefit Application

1.3 **How to Submit Bid Proposals:** All bid proposals shall be:

- (A) Submitted in sealed opaque envelope, plainly marked with the bid number and equipment, supply and/or service description listed above.
- (B) Mailed or delivered as follows in sufficient time to ensure receipt by the Purchasing Director on or before 1:30 P.M. on the date specified in the first paragraph of the above letter of invitation.
  - (a) **US Postal Service Standard Mail Mailing Address:** Purchasing Director, Post Office Box 1027, Savannah, Georgia 31402.
  - (b) **Hand or Overnight/Express Delivery Address:** Purchasing Director, 3rd Floor, City Hall, 2 E. Bay Street, Savannah, GA 31401.
  - (c) Bids unable to be mailed, express mailed or hand delivered by the time indicated may be faxed as a last resort to the Purchasing Office the day of the bid due date at the bidder's own risk. The fax number is (912) 651-6855, Bidders are cautioned to verify receipt of the fax transmission by calling the main office phone at (912) 651-6425. The time of receipt is based upon the the bid being received prior to bid opening time stamped at the Purchasing Director's office. No other time stamp i.e. fax machine time, will be accepted.
  - (d) Bids not received in the Purchasing Office by the time and date

specified in the first paragraph of the letter will not be opened.

- 1.4 It is the sole responsibility of the **PROPOSER** to assure that they have received the entire Request for Proposal.
- 1.5 Proposers will be notified in writing of any change in the specifications contained in this RFP.
- 1.6 No verbal or written information which is obtained other than through this RFP or its addenda shall be binding on the City of Savannah. No employee of the City of Savannah is authorized to interpret any portion of this RFP or give information as to the requirements of the RFP in addition to that contained in or amended to this written RFP document.
- 1.7 **Right of Rejection and Clarification:** The City of Savannah reserves the right to reject any and all proposals and to request clarification of information from any proposer. The City of Savannah is not obligated to enter into a contract on the basis of any proposal submitted in response to this document.
- 1.8 **Request for Additional Information:** Prior to the final selection, proposers may be required to submit additional information which the City may deem necessary to further evaluate the proposer's qualifications.
- 1.9 **Denial of Reimbursement:** The City of Savannah will not reimburse proposers for any costs associated with the preparation and submittal of any proposal, or for any travel and/or per diem costs that are incurred.
- 1.10 **Gratuity Prohibition:** Proposers shall not offer any gratuities, favors, or anything of monetary value to any official, employee, or agent of the City of Savannah for the purpose of influencing consideration of this proposal.
- 1.11 **Right of Withdrawal:** A proposal may not be withdrawn before the expiration of ninety (90) days from the proposal due date.
- 1.12 **Right of Negotiation:** The City of Savannah reserves the right to negotiate with the selected proposer the exact terms and conditions of the contract.
- 1.13 **Right of Rejection of Lowest Fee Proposal:** The City of Savannah is under no obligation to award this project to the proposer offering the lowest fee proposal. Evaluation criteria included in this document shall be used in evaluating proposals.
- 1.14 **Exceptions to the RFP:** Proposers may find instances where they must take exception with certain requirements or specifications of the RFP. All exceptions

shall be clearly identified, and written explanations shall include the scope of the exceptions, the ramifications of the exceptions for the City of Savannah, and a description of the advantage to be gained or disadvantages to be incurred by the City as a result of these exceptions.

- 1.15 Indemnification:** Proposer, at its own expense and without exception, shall indemnify, defend and pay all damages, costs, expenses, including attorney fees, and otherwise hold harmless the City of Savannah, its employees, and agents, from any liability of any nature or kind in regard to the delivery of these services.
- 1.16 Rights to Submitted Material:** All proposals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, and other documentation submitted by proposers shall become the property of the City of Savannah when received.
- 1.17 Basis of Award:** Proposals will be evaluated according to the following criteria and weight at a minimum:
- a) Qualifications and references of proposer *(25 points)*
  - b) Evaluation of proposed program *(25 points)*
  - c) Proposal pricing, including per unit cost *(30 points)*
  - d) Available resources *(20 points)*

Proposals shall be evaluated by a Selection Committee. The Selection Committee may, at its option, request any or all proposers to meet with the team for an in depth discussion of the proposal.

- 1.18 Copies:** One (1) unbound, printed and signed original and two identical, printed copies of the proposal and supporting documents must be submitted in response to the RFP. All responses must relate to the specifications as outlined.
- 1.19 Contacts:** Proposers must submit proposals in accordance with the instructions contained in this RFP. All requested information must be submitted with the proposal. Instructions for preparation and submission of proposals are contained in this package. All questions regarding this request for proposal should be submitted in writing and emailed to:

Joy Kerkhoff  
Buyer  
(912) 651-6422  
[jkerkhoff@savannahga.gov](mailto:jkerkhoff@savannahga.gov)

Mary M. Simmons  
Employee Benefits Coordinator  
(912) 651-6483  
[Mary\\_simmons01@savannahga.gov](mailto:Mary_simmons01@savannahga.gov)

- 1.20 Submittal of Qualifications:** Proposers should submit experience and qualifications as described in Section 2.1 below. Additional information may be submitted as appropriate to further describe vendor and provide product capabilities.
- 1.21 Contract:** The contract between the City of Savannah and the contractor shall consist of (1) the Request for Proposal (RFP) and any amendments thereto, and (2) the proposal submitted by the contractor in response to the RFP. In the event of a conflict in language between the two documents referenced above, the provisions and requirements set forth and/or referenced in the RFP shall govern. However, the City of Savannah reserves the right to clarify any contractual relationship in writing with the concurrence of the contractor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or the contractor's proposal. In all other matters not affected by the written clarifications, if any, the RFP shall govern.
- 1.22 Termination of Contract:** The City of Savannah may cancel the contract at any time for breach of contractual obligations by providing the consultant with a written notice of such cancellation. Should the City of Savannah exercise its right to cancel the contract for such reasons, the cancellation shall become effective on the date as specified in the notice of cancellation sent to the contractor.
- 1.23 Compliance with Laws:** In connection with the furnishing of supplies or performance of work under the contract, the Consultant agrees to comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and all other applicable Federal and State laws, regulations, and executive orders to the extent that the same may be applicable and further agrees to insert the foregoing provision in all subcontracts awarded hereunder.

Proposers certify that all equipment, services and or goods provided to the City of Savannah comply with the Department of Justice ADA Title III Regulations.

- 1.24 Minority/Women Business Enterprise (MWBE) Policy:** It is the policy of the City of Savannah that minority/women-owned business enterprises ("M/WBE") be given fair opportunity to participate in the performance of services for the City, and that prime contractors utilize minority and women-owned subcontractors and suppliers to the fullest extent possible consistent with the efficient performance of the contract. The City of Savannah has not established an **M/WBE goal** for this project.

A "minority-owned business enterprise" is defined as a business concern that is (1) at least 51% owned, managed and controlled by one or more minority individuals, or, in the case of a publicly owned business, at least 51% of the stock is owned by one or more minority individuals; and (2) whose daily business operations are managed and directed by one or more of the minority owners, and is certified by a certifying entity or verified as such by the City of Savannah. The ownership interest must be real and continuous and not created solely to meet

the minority business or minority contractor provisions of this Policy.

A “woman-owned business enterprise” is defined as a business concern that is 1) at least 51% owned, managed, operated and controlled by one or more women who is not a member of a racial minority or in the case of publicly owned business, at least 51% of the stock is owned by one or more women; and 2) whose daily business operations are managed and directed by one or more of the women owners and can be verified through certification. The ownership interest must be real, continuous, and not created solely to meet the women business or women contractor provisions of this Policy.

The proposer shall also submit the attached notice of non-discrimination with their proposal and complete the participation schedule.

#### **1.25 Employment Eligibility Verification and Systematic Alien Verification for Entitlements (SAVE):**

As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: [http://www.dol.state.ga.us/pdf/rules/300\\_10\\_1.pdf](http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf).) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>.

O.C.G.A. § 50-36-1, requires Georgia’s cities to comply with the federal **Systematic Alien Verification for Entitlements (SAVE) Program**. SAVE is a federal program used to verify that applicants for certain “public benefits” are legally present in the United States. Contracts with the City are considered “public benefits.” Therefore, the successful bidder will be required to provide the Affidavit Verifying Status for City of Savannah Benefit Application prior to receiving any City contract. The affidavit is included as part of this bid package but is only required of the successful bidder.

#### **1.26 Protest Procedure:** A proposer who is aggrieved by the recommendation of the City Manager to award a contract may appeal the decision to the City Manager no later than 48 hours prior to the date the award recommendation is scheduled to be approved by City Council. Recommendations to Council are posted on the preliminary agenda on the City’s website generally on the Friday prior to the Council meeting date. It is the vendor’s responsibility to ascertain the City’s

recommendation for award. The preliminary agenda may be accessed at <http://www.ci.savannah.ga.us/Cityweb/minutes.nsf/Agendas>. No consideration shall be given to protests received after the prescribed period for protests.

- 1.27 Georgia Open Records Act:** The responses will become part of the City of Savannah's official files without any obligation on the City's part. Ownership of all data, materials and documentation prepared for and submitted to the City of Savannah in response to a solicitation, regardless of type, shall belong exclusively to the City of Savannah and will be considered a record prepared and maintained or received in the course of operation of public office of agency and is subject to public inspection in accordance with the Georgia Open Records Act, Official Code of Georgia Annotated 50-18-70, et Seq., unless otherwise provided by law.

## SECTION II

### SCOPE OF WORK

#### 2.0 Purpose:

The purpose of this Request for Proposal is to establish an annual contract with qualified firms to provide professional services to be rendered by a physician for City of Savannah applicants and employees. The City anticipates approximately one hundred (100) pre-employment physicals, fifteen (15) disability retirement physicals, forty (40) fitness for duty evaluations, forty (40) DOT Physicals, and ten (10) Medical Records Reviews to be administered annually.

#### 2.1 City Physician(s) Qualifications:

City Physician must be licensed to practice medicine in the State of Georgia. A copy of the license should be included with the proposal response.

City Physician must be a board certified Occupational Medicine Practitioner, or a related specialty, whose medical office is located within Chatham County limits.

Office shall be open with a physician in attendance Monday through Friday during both morning and afternoon hours.

Office shall be staffed by one (1) or more physicians, or have a back-up physician and/or physician's assistant available. Appointments requested by the City of Savannah Human Resources Department shall be scheduled within two (2) working days.

Office shall be equipped with all necessary staff and equipment to perform all required services. Prices for these shall be included in the physician's price proposal. No separate billing will be accepted by the City for outside services.

The City Physician must have knowledge of local, state, and federal laws as well as the roles of labor and management relating to occupational medicine, health and safety.

The City Physician must review current physical abilities that are considered essential functions of the City employee/applicant and medically certify whether the employee/applicant is physically capable of performing essential duties.

The City Physician must make a determination on each employee/applicant as to whether they have any physical, emotional, or mental conditions which might adversely affect the employee/applicant's ability to perform his/her job duties. As such, the City Physician will 'recommend' or 'not recommend' the employee/applicant for employment or continued employment with the City of Savannah.



The City Physician will be expected to provide the following services:

- Pre-employment evaluations for a variety of positions;
- Fitness for Duty evaluations;
- Referrals for treatment for non-occupational injury/illness;
- Review of medical leave requests;
- Medical Records Review(s); and
- Disability Evaluations

The health care provider (organization or individual) shall provide credentials of professional personnel. Individuals or organizations responding to this RFP shall provide a written plan detailing how it will coordinate its evaluation activities, including confidentiality of records, with the Employee Health Coordinator.

## **2.2 Billings, Reports:**

City Physician shall prepare reports for examinations, on forms to be provided by the City. Reports must be completed and are to be electronically transmitted or mailed to the City no longer than twenty-four (24) hours after the examination is performed. Original report must be delivered to the City within five business days. Any original report needed earlier will be picked up by City staff.

Original reports are to be delivered to:

Employee Health Coordinator  
OR  
Human Resources Director  
City of Savannah  
PO Box 1027  
Savannah, GA 31402

Medical staff shall notify the City of Savannah Employee Health Coordinator, by telephone or e-mail as soon as it is known whether or not an applicant/employee qualifies or fails to report.

Established fees shall be submitted on the bid proposal form and fees shall remain in effect throughout the annual contract period. Changes or escalation in fee schedule will only be considered during the annual contract review prior to contract renewal.

After the initial twelve month contract, this contract may be extended for four (4) additional one (1) year periods at the same terms and conditions upon mutual agreement of the contracting parties. Multi-year price guarantee or a cap on the renewal pricing for subsequent years is preferred and should be included.

Medical provider shall submit a monthly billing for all services performed during that month. Billings shall be based on calendar months and invoiced on the last day of each month.

### **2.2.1 Medical Records, Results, Reporting and Confidentiality:**

Confidentiality of medical information is a critical aspect of medical and fitness evaluations. The pre-employment medical evaluation may only be reviewed by the City of Savannah Employee Health Coordinator or Designee.

- a. All medical information collected as part of a medical evaluation shall be considered confidential medical information and shall be released by the service provider only with the specific written consent of the current employee/applicant.
- b. The service provider shall report the results of the medical evaluation to the City, including any medical conditions disclosed during the medical evaluation and the recommendations as to whether the applicant is medically certified to perform essential functions.
- c. The service provider shall inform the City only as to whether or not the employee/applicant is medically certified to perform essential functions. The specific written consent of the employee/applicant shall be required to release confidential medical information to the City, in accordance with American with Disabilities (ADA) restrictions and confidentiality requirements.
- d. Health information shall be maintained as a confidential record for employee/applicant.

### **2.3 Consultations with City Designated Staff:**

City of Savannah Employee Health Coordinator:

The City Physician will interact with the Employee Health Coordinator regarding:

- Applicant physicals/screenings. The Employee Health Coordinator conducts screenings for applicants except for Police, Fire, Communications Officers, employees or applicants who hold a Commercial Drivers License and positions which require respiratory clearance. If either the screening or the medical history reflects a current or previous illness/injury that may affect the ability to perform essential job functions, then the applicant is referred to the City Physician for a thorough evaluation.
- Fitness for Duty Evaluations: Physician must have expertise to perform job specific fitness for duty examinations. This evaluation may require review of job descriptions, worksite evaluations and/or functional capacity evaluations.

- **Disability Evaluations:** In conjunction with the Human Resource Director or designee, the physician will confer regarding the extent and nature of the disability. Physician will be asked to determine whether the disability arose from an occupational or non-occupational injury or illness.
- **Medical Records Review:** Physician may be asked to contact employees' medical providers to review and authenticate requests for medical leave, accommodation, and fitness for duty assessments.

## **2.4 Follow-Up or Referral to Health Care Practitioner:**

The City recognizes the importance of consultation and/or referral to outside health care providers and/or specialists. Aspects of the follow-up and referral program include:

- Abnormal findings must be addressed by follow-up referral.
- Re-vaccination or intervention following exposure must be managed by follow-up or referral.
- Managed care or other provider referrals as appropriate for non-occupational related problems.
- Return to work determinations require clearance by the City physician or other provider following a consult with an outside physician or after extended leave.

The health care provider (organization or individual) shall provide written documentation regarding their follow-up/referral program or procedures. The follow-up/referral program will be a mandatory component of the City Physician Services and will be coordinated in conjunction with the City of Savannah's medical plan/preferred provider relationship.

## **2.5 Physical Examination:**

### **2.5.1 Individualized Health Risk Appraisal**

Written feedback to employee/applicant concerning health risks and health status is required following the initial examination.

### **2.5.2 Medical History Questionnaire**

An initial pre-employment health history questionnaire must be completed to provide baseline information with which to compare future medical concerns.

### **2.5.3 Examination: To include but not be limited to:**

Vital Signs  
Head, Eyes, Ears, Nose and Throat  
Neck

Cardiovascular-Inspection, auscultation, percussion and palpation  
Pulmonary-Inspection, auscultation, percussion and palpation  
Gastrointestinal - Inspection, auscultation, percussion and palpation.  
Genitourinary - Hernia exam

Rectal

Lymph Nodes -The examination of organ systems must be supplemented with an evaluation of lymph nodes in the cervical, axillary, and inguinal regions.

Neurological -The neurologic exam for uniformed personnel must include a general mental status evaluation and general assessment of the major cranial/peripheral nerves (motor, sensory, reflexes)

Musculoskeletal -Includes an overall assessment of range of motion (ROM) of all joints. Additionally, observation of the personnel performing certain standard office exercises or functions is helpful in assessing joint mobility and function

#### **2.5.4 Blood Analysis**

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel (aka SMAC 20) and complete blood count (CBC) protocols:

Glycated hemoglobin (A1C)

White Blood Cell Count

Differential

Red Blood Cell Count (Hematocrit)

Platelet Count

Liver Function Tests - Includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Bilirubin

Triglycerides

Glucose

Blood Urea Nitrogen

Creatinine

Sodium

Potassium

Carbon Dioxide

Total Protein

Albumin

Calcium

Cholesterol -Includes Total Cholesterol, Low Density Lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level and Total Cholesterol/HDL Ratio

#### **2.5.5 Urinalysis**

Dip Stick - Includes pH, Glucose, Ketones, Protein, Blood and Bilirubins

Microscopic - Includes WBC, RBC, WBC Casts, RBC Casts, and Crystals

#### **2.5.6 Vision Tests**

Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders including cataracts, macular degeneration, glaucoma, and diabetic retinopathy.

**2.5.7 Hearing** (Audiogram).

**2.5.8 Pulmonary** (Spirogram)

**2.5.9 Chest X-Ray**, as appropriate

One and two panel

**2.5.10 EKG** (Resting), as appropriate

**2.5.11 Immunizations and Infectious Disease Screening**

Hepatitis C Virus Screen (Baseline) - as requested

Hepatitis B Virus Vaccine

Hepatitis A Virus Vaccine shall be offered to high risk personnel with frequent or expected frequent contaminated water exposures.

Tetanus/Diphtheria Vaccine (Booster every 10 years)

**2.6 Fee:** Each proposer shall indicate fees for the specific items listed. Any other miscellaneous fees not specifically outlined shall be shown along with a breakdown of these fees.

**2.7 Annual Contract:** This proposal will result in the award of an annual contract. Fees offered are to be held firm for a period of one (1) year (12 months). This contract may be extended for four (4) additional one (1) year periods at the same terms and conditions upon mutual agreement of the contracting parties. Multi-year price guarantee or a cap on the renewal pricing for subsequent years is preferred and should be included.

**2.8 Additional Information to be submitted with proposal:**

**2.8.1** Copy of State of GA board certification as an Occupational Medicine Practitioner or related specialty.

**2.8.2** Physician's and associate's resumes.

**2.8.3** Federal Tax Identification number and DEA # for active physician and associates.

**2.8.4.** Credentials and/or certifications of office personnel.

**2.8.5** Brief description of the practice's experience in the area of preventive medicine as

well as occupation safety and health.

- 2.8.6 Office hours of operation, Monday through Friday; weekend days/hours if applicable.
- 2.8.7 A list of three references with contact names and phone numbers of employers for which the service provider has performed similar services.
- 2.9 Award may be made to a primary and secondary contractor. During the term of the contract, the City will call on the secondary contractors only when it is determined that the primary contractor is unable to start or complete services as required. If during the term of the contract any or all awarded contractors default and/or are terminated, the City reserves the right to award this contract to subsequent bidders if terms, rates and conditions remain the same.

## SECTION III

### FEE PROPOSAL

I have read and understand the requirements of this request for proposal RFP 11.132 and agree to provide the required services in accordance with this proposal and all attachments, exhibits, etc. The proposed fee shall include all labor, material and equipment to provide the services as outlined including any travel or per diem expenses and any other miscellaneous expense involved. The fee for providing the required service is:

***ALL PROPOSERS MUST BE REGISTERED VENDORS ON THE CITY'S WEBSITE. PLEASE REGISTER AT WWW.SAVANNAHGA.GOV.***  
**PROPOSAL FOR PHYSICAL EXAMINATION, TESTING and EVALUATION**

Required Physical Examinations and Evaluations:

Description:

**General Pre-Employment Physical:** Total Fee \$\_\_\_\_\_/per exam

Height and Weight

Blood pressure

Vision

Description:

**Peace Officer Pre-Employment Physical:** Total Fee \$\_\_\_\_\_/per exam

Physical, general pre-employment

Basic panel

X-ray, spine, lumbar, 2 or 3 views

Tuberculosis test, intradermal – PPD

Audiometry, screening test, pure tone

EKG

Description:

**Communications Officer/Call-Taker Pre-Employment Physical:**

Physical, general pre-employment

Audiometry, screening test, pure tone Total Fee \$\_\_\_\_\_/per exam

Description:

**Plant Operator/Trainee Pre-Employment Physical:**

Physical, general pre-employment

Pulmonary Function Test

Physical, Respirator Clearance

Respiratory Questionnaire Review, Annual Total Fee \$\_\_\_\_\_/per exam

Description:

**DOT Pre-Employment Physical:**

Physical, general pre-employment

Audiometry, screening test, pure tone Total Fee \$\_\_\_\_\_/per exam

Description:

**Fitness for Duty Examination:**

Varies

**Total Fee \$\_\_\_\_\_ /per exam**

Description:

**Medical Records Review**

**Total Fee \$\_\_\_\_\_ /per exam**

Description:

**Disability Evaluation**

**Total Fee \$\_\_\_\_\_ /per exam**

**OPTIONAL SERVICES:**

Chest X-Ray, one panel

**Total Fee \$\_\_\_\_\_ /per**

Two panel

**Total Fee \$\_\_\_\_\_ /per**

Tuberculosis screening/PPD

**Total Fee \$\_\_\_\_\_ /per**

Hepatitis A – Immunization

**Total Fee \$\_\_\_\_\_ /per**

Hepatitis B – Immunization

**Total Fee \$\_\_\_\_\_ /per**

Hepatitis C - Screening

**Total Fee \$\_\_\_\_\_ /per**

Tetanus/Diphtheria

**Total Fee \$\_\_\_\_\_ /per**

**SUBMITTED BY:** \_\_\_\_\_

**PROPOSER:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**NAME (PRINT):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_  
**Area Code**

**FAX:** ( \_\_\_\_\_ ) \_\_\_\_\_  
**Area Code**



**INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):  
CHECK ONE:**

☐ **NON-MINORITY OWNED**  
☐ **AFRICAN AMERICAN**  
☐ **HISPANIC**  
☐ **WOMAN** (non-minority)

☐ **ASIAN AMERICAN**  
☐ **AMERICAN INDIAN**  
☐ **OTHER MINORITY** Describe \_\_\_\_\_

## NON-DISCRIMINATION STATEMENT

The proposer certifies that:

- (1) No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, or gender in connection with any bid submitted to the City of Savannah or the performance of any contract resulting therefrom;
- (2) That it is and shall be the policy of this Company to provide equal opportunity to all business persons seeking to contract or otherwise interested in contracting with this Company, including those companies owned and controlled by racial minorities, cultural minorities, and women;
- (3) In connection herewith, We acknowledge and warrant that this Company has been made aware of, understands and agrees to take affirmative action to provide such companies with the maximum practicable opportunities to do business with this Company;
- (4) That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption;
- (5) That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made as part of and incorporated by reference into any contract or portion thereof which this Company may hereafter obtain and;
- (6) That the failure of this Company to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract entitling the City of Savannah to declare the contract in default and to exercise any and all applicable rights and remedies including but not limited to cancellation of the contract, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and or forfeiture of compensation due and owing on a contract.

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Signature

---

Title

### **PROPOSED SCHEDULE OF M/WBE PARTICIPATION**

Name of Bidder/Proposer: \_\_\_\_\_ Bid No. \_\_\_\_\_  
Project Title \_\_\_\_\_

<b>Name of M/WBE Participant</b>	<b>Name of Majority Owner</b>	<b>Telephone</b>	<b>Address (City, State)</b>	<b>Type of Work Sub-Contracted</b>	<b>Estimated Sub-contract Value</b>	<b>MBE or WBE</b>
					%	
					%	
					%	
					%	

MBE Participation Value: \_\_\_\_\_ %      Women Participation Value: \_\_\_\_\_ %

### **Joint Venture Disclosure**

If the prime bidder is a joint venture, please describe below the nature of the joint venture and level of work and financial participation to be provided by the Minority/Female joint venture firm.

<b>Joint Venture Firms</b>	<b>Level of Work</b>	<b>Financial Participation</b>

Printed name (company officer or representative): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Note: The Minority/Woman-Owned Business Office is available to identify qualified M/WBE's. Please contact the Office at (912) 651-3653. This form may be copied as needed. The City of Savannah has also posted a list of registered M/WBE's on its website @ [www.savannahga.gov](http://www.savannahga.gov).

**CONTRACTOR AFFIDAVIT AND AGREEMENT**  
**Employment Eligibility Verification**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Savannah has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Savannah, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Savannah at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
**EEV / Basic Pilot Program\* User Identification Number**

**BY:**

\_\_\_\_\_  
**Contractor Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**  
**Agent**

\_\_\_\_\_  
**Printed Name of Authorized Officer or**

\_\_\_\_\_  
**Title of Authorized Officer or Agent of Contractor**

**\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).**

\* \* \* \* \*

## ***Affidavit Verifying Status for City of Savannah Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a City of Savannah contract for \_\_\_\_\_. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) \_\_\_\_\_ I am a citizen of the United States.

**OR**

2.) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older.

**OR**

3.) \_\_\_\_\_ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

\* \_\_\_\_\_

Alien Registration number for non-citizens.

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

Notary Public  
My Commission Expires: